

MEMBERSHIP APPLICATION FORM

wish to apply for:					
Full Membership	ifiliate Membership	ership Course			
enclose with this application m eference from a current IPFMA	y current CV, copies of any relevant member.	t educational certificates r	elating to my application ar	nd a written	
Membership Grade:					
Property Management	☐ Facility Management	□ Residential Mana	gement		
Other (Please Specify):					
Please indicate above the area	of management which best describ	oes your current position w	ithin the workplace.		
			PLEASE COMPLETE THIS S	ECTION WH	IEN
Contact Details:			APPLYING FOR FULL / AF	FILIATE MEA	ABERSHIP
Home	Business		Description	PM / RM	FM
First Name(s):	Company name:		·	Years	Years
Surname:	Job title:		Business Organisation		
Date of Birth:	Address:		Head of Department		
Address:			Business Planning		
			Managing People People Management		
Email:	Email:		Working with Suppliers		
Telephone:	Telephone:		Resource Management		
Mobile:	Mobile:		Procurement		
			Quality Management		
Experience:			Information Management Financial Management		
Overall Experience	Years		Managing Premises		
Property Management Experie			Property Portfolio		
Facilities Management Experie			Management		
Residential Management Expe			Building Design		
	Please Specify		Building Fabric		
Educational Qualifications	15. "		Maintenance		
Membership of other Profession	nai Boaies		Managing Services Managing M&E Services		
Poforoce			Managing Support Services		
Referees: (One of whom must be a member of the IPFMA)			Managing Security Services		
1.	iber of the if twiAj		Project Management		
Name:			Managing Customer		
Address:			Services		
Telephone:			Managing the Workplace Environmental Issues		
Email:			Health & Safety Issues		
			Space Planning		
2.			Helpdesk		
Name:					
Address:			PLEASE NOTE THAT A C	URRENT CU	RRICULUA
Telephone:			VITAE MUST ACCOMPA	NY EVERY	
Email:			APPLICATION		
Places Note: Every Application r	must be accompanied by a written r	roforanca from a current			
ull member of the IPFMA.	nosi be accompanied by a williem	reference from a content			
Sil member of the il two.					
Declaration by Applicant:					
hereby apply for membership of	of the Irish Property & Facility Manag	ement Association. Lacce	ept that the decision of Cou	ncil in relatio	n to all
matters pertaining to membersh	nip is final. If accepted, I shall abide				
hat the information given on thi	is form is true and correct.				
igned:					
Date:					
Additional Information:					
What are your reasons for joining	g the IPFMA?				
Designatory Letters	CPD Programme	□ Newsletter	☐ BIFM Association		
Notworking	Caroor Progression	□ Educational	□ Training Programs		